

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below

Dated: 8122105

Signature: (Grov Blundell)

Docket No.: WIBL-P01-579

(PATENT)

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:

Golub et al.

Confirmation No.: 9648

Application No.: 09/989758

Group Art Unit: 1637

Filed: November 20, 2001

Examiner: J. N. Fredman

For: DIFFUSE LARGE CELL LYMPHOMA

DIAGNOSIS AND OUTCOME PREDICTION

BY EXPRESSION ANALYSIS

## **CHANGE OF ATTORNEY DOCKET NUMBER**

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Please change the Attorney Docket Number from WIBL-P0L-579 to **WIBL-P01-579**. Please reference **WIBL-P01-579** on all future correspondence.

Applicant believes no fee is due with this response. However, if a fee is due, please charge our Deposit Account No. 18-1945, from which the undersigned is authorized to draw, under Order No. WIBL-P01-579.

Dated: August 22, 2005

Respectfully submitted,

Lisa M. Treannie

Registration No.: 41,368 ROPES & GRAY LLP

One International Place

Boston, Massachusetts 02110-2624

M. I rearne

(617) 951-7000

(617) 951-7050 (Fax)

Attorneys/Agents For Applicant

PTO/SB/122 (04-05)
Approved for use through 07/31/2006. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## **CHANGE OF CORRESPONDENCE ADDRESS** Application

Address to:

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

| Application Number   | 09/989758         |
|----------------------|-------------------|
| Filing Date          | November 20, 2001 |
| First Named Inventor | Todd Golub        |
| Art Unit             | 1637              |
| Examiner Name        | J. N. Fredman     |
| Attorney Docket No.  | WIBL-P01-579      |

| Please change   | the Correspondence Address for th    | e above-identifi   | ed application to: |                |  |  |
|---|--------------------------------------|--|--------------------|----------------|--|--|
| x The address associated with Customer Number: 28120  |                                      |  |                    |                |  |  |
| OR  |                                      |  |                    |                |  |  |
| Firm or Individual Name   | Lisa M. Treannie<br>ROPES & GRAY LLP |  |                    |                |  |  |
| Address   | One International Place              |  |                    |                |  |  |
| City  | Boston                               | State  | MA                 | Zip 02110-2624 |  |  |
| Country   | US                                   |  | •                  |                |  |  |
| Telephone   | (617) 951-7000                       |  | Email              |                |  |  |
| associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).  I am the:  Applicant/Inventor  Assignee of record of the entire interest.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  X Attorney or agent of record. Registration Number 41,368  Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number |                                      |  |                    |                |  |  |
| Signature SisaM. Treannie   |                                      |  |                    |                |  |  |
| Typed or Printed Name Lisa M. Treannie  |                                      |  |                    |                |  |  |
| Date 8/aa   |                                      | , and the second | 617) 951-7725      |                |  |  |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.  |                                      |  |                    |                |  |  |
| X *Total of   | 1 forms are submitted.               |  | -                  |                |  |  |

| I hereby certify that this correspondence an envelope addressed to: Commissione | is being deposited with the er for Patents, P.O. Box 14/ | U/S. Postal Service with s | ufficient postage as First Class Mail, in 1450, on the date shown below. |
|---|--|----------------------------|--|
| Dated: 8/20/05  | Signature:   | Mul                        | _ Ginny Blundell   |